U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
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1. File Number U - 12 005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1/1/54 Through: 12/31/64		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Thomas M BAKE	Name LAKIS: Plains Carpentes Course		
	Labor Organization File Number 32, 53, 43		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 2361 RETREAT ROAD	Street 700 Chive Street		
City (3012	city St. Jule		
State 111/1 ZIP Code + 4.53 723	State 1/11 ZIP Code + 4 55/0/		
5. Position in labor organization. EXECUTIVE Committee office			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name L'A			
Trade Name, if any:	·		
P.O. Box, Bldg., Room No., if any	-		
·	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
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Signed Humas N. Karin	On 8-12-03 218-141-6010 Date Telephone Number		

(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer or Consultant?